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Based on PTO/SB/81 (01-06)

## POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

Application No.: 10/550,847  
Filing Date: 09/23/2005  
First Named Inventor: Enzo Domenico CASAGRANDE  
Art Unit: 1616  
Confirmation No. 6021  
Title: Insect Control System  
Attorney Docket Number: UDL-104-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with USPTO Customer Number: 45464

as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-listed Customer Number.

I am the: Applicant/Inventor

SIGNATURE of Applicant or Assignee of RecordSignature: 

Date: June 8, 2006

Name: Enzo Domenico CASAGRANDE

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

Total of 1 form is submitted.